

## **MOB/EXT/COTTAD/TTAD Document Checklist - Quick Reference**

<b><u>Required Item</u></b>	<b>INITIAL MOBILIZATION</b>			<b>COTTAD/TTAD</b>			<b>MOBILIZATION EXTENSION</b>		
	<b>IMA</b>	<b>IRR</b>	<b>TPU</b>	<b>IMA</b>	<b>IRR</b>	<b>TPU</b>	<b>IMA</b>	<b>IRR</b>	<b>TPU</b>
O-6 Justification Letter	X	X	X	X	X	X	X	X	X
MACOM Request Letter	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
DA 1058-R complete & signed by Soldier	X	X	X	X	X	X	X	X	X
DA 1058-R Commander's Signature	X <sup>2</sup>	X <sup>2</sup>	X	X <sup>2</sup>	X <sup>2</sup>	X	X <sup>2</sup>	X <sup>2</sup>	X
All AD orders within past 3 years	X	X	X	X	X	X	X	X	X
Paragraph/Line & Position #	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>	X <sup>3</sup>
Release Letter			X <sup>4</sup>			X <sup>4</sup>			X <sup>4</sup>
RMC Validation	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>
Volunteer Statement (If Voluntary Request)	X	X	X	X	X	X	X	X	X
30-Day Waiver Letter	X	X	X	X	X	X	X	X	X
DA Fm 5500 (Body Fat Content Worksheet)	X <sup>6</sup>	X <sup>6</sup>	X <sup>6</sup>	X <sup>6</sup>	X <sup>6</sup>	X <sup>6</sup>			
Physical Documentation	X <sup>7</sup>	X <sup>7</sup>	X <sup>7</sup>	X <sup>7</sup>	X <sup>7</sup>	X <sup>7</sup>			
HIV Negative Test Results w/in 6 months	X	X	X	X <sup>8</sup>	X <sup>8</sup>	X <sup>8</sup>			
Credentialing or HP&S Validation	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>			

**Notes:**

1 - If 0-6 letter is from a MACOM, a separate letter is not needed.

2 - IMA - Required when soldier is requesting to mobilized in a validated position other than their assigned IMA position.

IRR - Commander's signature not required.

3 - If Paragraph/Line & Position #'s are not provided, you must provide strong justification/documentation supporting the requirement.

4 - USAR -Requires Unit Commander's Release Letter

NGB - Requires TAG Release Letter

5 - The associated Regional Medical Command needs to validate the request.

6 - Submit if over authorized HT/WT standards per Tables 2-1 & 2-2, AR 40-501

7 - SF 88 & 93 (OR) DD 2808 & DD 2807-1 (OR) DA 7349-R. Forms must be signed by a physician on page 2. P3 or P4 in PUHLES require waivers.

8 - HIV not required if COTTAD request is immediately following mobilization

9 - Providers Only - Statement from the gaining Health Care Facility verifying that the health care professional meets the credentialing/privileging requirements or Health Professional Services validation.